



With HOPE, anything is possible.

Hope Therapeutic Services LLC is committed to the promotion of equal opportunity for all persons employed, engaged, or seeking employment or engagement as an independent contractor, without regard to race, color, creed, national origin, sex, age or handicap. It shall be the policy of Hope Therapeutic Services LLC. to provide equal opportunity to all applicants for employment and/or engagement as an independent contractor and to administer in accordance with that policy all personnel practices such as recruitment, selection, training, promotions, terminations, transfers, layoffs, compensation, benefits and other terms. Hope Therapeutic Services LLC wishes to ensure the furtherance of the principles of equal employment opportunity by basing all personnel decisions, which affect independent contractors or employment applicants, on only valid and necessary criteria.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Languages spoken.: _____ Desired Rate: \$ _____

Position Applied for: _____

Indicate All Counties That You Are Willing to Work In (if applying for IIC position):

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Experiences/certifications/trainings/expertise working in this field (please list):

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

